

REQUEST FOR LIVE SCAN SERVICE - COMMUNITY CARE LICENSING

Applicant Submission

1. ORI: A0448			
2. Working Title: (Check <input checked="" type="checkbox"/> one)			
<input type="checkbox"/> Adult Resident other than Client	<input type="checkbox"/> Employee	<input type="checkbox"/> License, Certification, Applicant	<input type="checkbox"/> Volunteer
3. Authorized Applicant Type - Enter from list on Page 2, "DOJ Abbreviated CCLD Facility Type."			
<u>Adult Day/Resident/Rehab</u>			
4. Agency Address Set Contributing Agency:			
CA Dept of Social Services		03502	
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)	
PO BOX 944243	Mail Station 19-62	N/A	
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)	
Sacramento,	CA	94244-2430	() N/A
City	State	Zip Code	Contact Telephone No.
5. Applicant Information:			
Name of Applicant: (Please print) _____			
LAST		FIRST	MI
AKA's: _____		CDL No. _____	
LAST		FIRST	
DOB: _____		Misc. No. <u>BIL -</u>	
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		AGENCY BILLING NUMBER (IF APPLICABLE)	
HT: _____		Misc. No.: _____	
WT: _____		ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR I.D.	
EYE Color: _____		Home Address: (All applicants must complete)	
HAIR Color: _____			
POB: _____		STREET OR PO BOX	
SOC: _____		CITY, STATE AND ZIP CODE	
(See Privacy Statement on Page 4)			
6. Facility Number: <u>345599999</u>		Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI	
If resubmission for fingerprint quality (select R2), list Original ATI No. _____			
7. Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)			
<u>CA Dept of Social Services</u>			
Employer Name			
<u>PO Box 944243</u>		<u>Mail Station 19-62</u>	
Street No.		Street or PO Box	
<u>Sacramento,</u>		<u>CA</u>	
City		State	
<u>94244-2430</u>		<u>03502</u>	
Zip Code		Mail Code (five digit code assigned by DOJ)	
		<u>N/A</u>	
		Agency Telephone No. (Optional)	
8.			
Live Scan Transaction Completed By: _____		Date: _____	
Name of Operator			
Transmitting Agency	LSID#	ATI No.	Amount Collected/Billed